



# MISSOURI DIVISION OF MEDICAL SERVICES

Volume 26 Number 3

<http://www.dss.mo.gov/dms>

December 16, 2003

## HOME HEALTH 2004 HCPCS BULLETIN

**Provider Bulletin News:** Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website. <http://www.dss.mo.gov/dms/pages/bulletins.htm>  
Please note new website address.

Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

**Missouri Medicaid News:** Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

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### MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

### 2004 HCPCS UPDATE

As of February 1, 2004, Missouri Medicaid will begin accepting the 2004 version of the Health Care Procedure Coding System (HCPCS). The covered 2004 procedure codes have an effective date of February 1, 2004. Claims for dates of service on or after February 1, 2004 must be submitted using the new 2004 HCPCS codes; claims for dates of service prior to February 1, 2004 must be submitted using the older procedure codes.

Changes, which occurred as a result of the update, include additions, deletions, and replacement of procedure codes. See Attachments A & B for Addition and Replacement Codes.

Copies of the 2004 Health Care Procedure Coding System (HCPCS) may be purchased from your local medical bookstore.

### **2004 HCPCS DELETIONS**

The following codes will be deleted effective February 1, 2004: A4214, A4621, A4712, A6421, A6422, A6424, A6426, A6248, A6430, A6432, A6434, A6436, A6438, and A6440.

#### **Provider Communications**

**(800) 392-0938**  
**or**  
**(573) 751-2896**

ATTACHMENT A**2004 HCPCS ADDITIONS**

<b>PROCEDURE CODE</b>	<b>DESCRIPTION</b>
A4248	Chlorhexidine containing antiseptic, 1 ml
A4366	Ostomy vent, any type, each
A4416	Ostomy pouch, closed; with barrier/filter, each
A4417	Ostomy pouch, closed; with barrier/filter, built-in convexity, each
A4418	Ostomy pouch, closed; w/o barrier, w/filter, each
A4419	Ostomy pouch, closed; for use on barrier w/non-locking flange/filter, each
A4420	Ostomy pouch, closed; for use on barrier w/locking flange, each
A4423	Ostomy pouch, closed; for use on barrier w/locking flange/filter, each
A4424	Ostomy pouch, drainable; w/barrier/filter, each
A4425	Ostomy pouch, drainable; for use on barrier w/non-locking flange/filter, each
A4426	Ostomy pouch, drainable; for use on barrier w/locking flange, each
A4427	Ostomy pouch, drainable; for use on barrier w/locking flange/filter, each
A4428	Ostomy pouch, urinary; w/extended wear barrier attached, w/faucet-type tap with valve, each
A4429	Ostomy pouch, urinary; w/barrier attached/built-in convexity/faucet-type valve with tap, each
A4430	Ostomy pouch, urinary; w/extended wear barrier attached/built-in convexity/faucet-type valve with tap, each
A4431	Ostomy pouch, urinary; w/barrier attached/faucet-type tap with valve, each
A4432	Ostomy pouch, urinary; for use on barrier w/non-locking flange/faucet-type tap with valve, each
A4433	Ostomy pouch, urinary; for use on barrier w/locking flange, each
A4434	Ostomy pouch, urinary; for use on barrier w/locking flange/faucet-type tap with valve, each
A6407	Packing strips, non-impregnated, up to 2 in. in width, per linear yd.
A6441	Padding bandage, non-elastic/woven/knitted/ width $\geq$ 3 in., < 5 in., per yard
A6442	Conforming bandage, non-elastic/sterile, knitted/woven, width < 3 in., per yard
A6443	Conforming bandage, non-elastic/sterile, knitted/woven, width $\geq$ 3 in., < 5 in., per yard
A6444	Conforming bandage, non-elastic/sterile, knitted/woven, width $\geq$ 5 in., per yard
A6445	Conforming bandage, non-elastic, sterile, knitted/woven, width < 3 in., per yard

A6446	Conforming bandage, non-elastic, sterile, knitted/woven, width >= 3 in., < 5 in., per yard
<b>PROCEDURE CODE</b>	<b>DESCRIPTION</b>
A6447	Conforming bandage, non-elastic, sterile, knitted/woven, width >= 5 in., per yard
A6448	Light compression bandage, elastic, knitted/woven, width < 3 in., per yard
A6449	Light compression bandage, elastic, knitted/woven, width >= 3 in., > 5 in., per yard
A6450	Light compression bandage, elastic, knitted/woven, width >= 5 in., per yard
A6451	Moderate compression bandage, elastic, knitted/woven, width >= 3 in., < 5 in., per yard
A6452	High compression bandage, elastic, knitted/woven, width >= 3 in., < 5 in., per yard
A6453	Self-adherent bandage, elastic, non-knitted/woven, width < 3 in., per yard
A6454	Self-adherent bandage, elastic, non-knitted/woven, width >= 3 in., < 5 in., per yard
A6455	Self-adherent bandage, elastic, non-knitted/woven, width >= 5 in., per yard
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width >= 3 in., < 5 in.
A9999	Miscellaneous supply, not otherwise specified

ATTACHMENT B**2004 HCPCS REPLACEMENTS**

<b>PROCEDURE CODES DELETED</b>	<b>REPLACEMENT CODES</b>	<b>DESCRIPTION</b>
A4319	A4216	Sterile water/saline, 10 ml
A4323	A4217	Sterile water/saline, 500 ml